ical men in any wise movement to honor the memory of Gorgas.

President Wilbur obviously expressed the sentiments of the audience when he disagreed with Martin as to the alleged value of "Standardization" of hospitals and other medical agencies. He endorsed the position of the growing number of thinkers and writers who are not only pointing out the blighting effect "Standardization" has had and is having upon many movements that should be progressive, but that it is an important factor in forwarding the molding into common standards of mediocrity of vast throngs of people.

President Wilbur said that it was not "standardization" that the world and worldly things needed, but a return to individual initiative, activity and purpose fostered by education and sharpened by competition.

Musgrave agreed with Martin that medical leadership in all things medical was much to be desired, but that multiplying organizations was not the way to get it. Nationally and otherwise we are overorganized now and what we need most are "mergers" and not more new organizations. It is utterly futile to talk of national medical leadership with some two score national organizations of medical agencies and each one pulling in a somewhat different direction. It is equally futile to talk of State or more local medical leadership with dozens of organizations pulling at different angles and in which the election of new leaders annually changes the direction of force even in the same organization.

We are not headed toward medical leadership, but toward several medical professions and with mixed policies calculated to produce a slowing up of medical progress. "Standardization" of this or that medical agency for this or that purpose by this or that minority group is the best illustration of how that much desired leadership has gotten all in motion, but not the motion that means progress.

Celestine J. Sullivan, executive secretary of the League for the Conservation of Public Health, said: "One idea expressed by Gorgas could and should be applied effectively for the solution of our present diploma mill and quackery problem. When the question of admitting chiropractors, osteopaths and other members of the countless cults to the Medical Corps of the Army came before Surgeon-General Gorgas, he diagnosed and treated the problem in the same able way that he handled an epidemic. Although there was great political pressure brought to bear upon Gorgas, he did not compromise. He said: "A scientifically educated physician is at liberty, and it is his duty to employ any method of treatment whatever which he believes will benefit his patient. The best safeguard against preventable deaths is a good medical education, and we will require that any man coming into the Medical Corps shall have the degree of M. D. The admission of chiropractors, osteopaths and similar cultists would be regarded, and justly so, as lowering the standards, education and professional, of our Medical Corps."

The League for the Conservation of Public Health, in its Hospital Betterment work, has put this important Gorgas idea into practical effect in all representative hospitals of California. No hospital today worthy of the name will admit to its staff any of the cult representatives which Gorgas excluded from the Army Medical Corps for the good of the service. The present newspaper discussion of diploma mills and their quackish products, and the spectacular prosecution of a few itinerant quacks, will have no more effect upon solving the quack problem than would Gorgas have had in cleaning up yellow fever if he went to Havana and Panama with a fly swatter and killed a few pestiferous mosquitoes.

Gorgas diagnosed the problem of quackery correctly when he said it was an educational problem. And, it is obvious, that the prevention and cure of disease will have a heavy handicap until all those who are licensed to treat the sick are qualified to do so by education.

ADMISSION OF PATIENTS TO HOSPITALS

The latest of the periodic attacks upon the San Francisco Hospital again calls attention to an important problem in hospital management, namely, that of who should be responsible for the prompt admission of patients and who should have authority to refuse any but first-care service as a charge against the city and county.

San Francisco formerly had a very unenviable reputation for excessive red tape and prolonged delay in the admission of sick people to her hospitals. This reputation was carried by seafaring people to the far corners of the earth. Some of it was unwarranted at that time, and most hospitals in this city, and elsewhere in California for that matter, have long since solved their problem, fixed responsibility for admission in the hands of one person, in such a way as to insure the prompt first care of every sick person who applies.

We are not informed as to the details of the present San Francisco City and County Hospital situation, but we do say most positively that, if authority for admission to that hospital of patients whom physicians believe should have hospital care and who are unable to pay for it is not limited to the social-economic diagnostician, subject to review by the director of the hospital and no one else, there is something wrong with the admitting system. It is, of course, entirely within the province of the Board of Health, as the governing body of the hospital, to lay down policies and general rules and regulations and designate an executive to see that they are carried out. Beyond this point neither the board nor any officer of the board should go.

The importance of a careful selection of the right social and economic diagnostician cannot be overemphasized. Neither can we overemphasize the full co-operation and support she should have in her work so long as she is right, and when she is wrong too often, the position should be vacated and another appointment made.

We are not disposed to believe much of the current comment to the effect that political favor has to do with the admission or rejection of sick people by this great hospital, as it does in some other county institutions.

Two points, and two points only, should govern the admission or rejection of patients by the hospi-

tal: One is, that the patient should be competently decided to be unable to pay the cost of hospital care, and the other is, that the patient should be suffering from conditions that the examining physician believes may be best cared for either temporarily or permanently in a hospital. The obsolete, unfair rule which requires that the patient shall be a resident within the political unit for six months or a year before being eligible to admission to most county hospitals ought to be abrogated. From the standpoint of public health and the protection of other citizens of the city and county, the mere fact that the patient is within the political jurisdiction should be all the evidence of citizenship required. We, of course, are fully advised of the complaint that some of these people are loafers who migrate from one county or State to another with the changes of climate. Nevertheless, they are human beings and we are not prepared to endorse rules and regulations which cause neglect or delay in their treatment, this not only in the interest of the wanderers' health, but as a protection of the public health against the various infections these patients so often carry.

TAXING PHYSICIANS UNFAIRLY

There are Federal, State and municipal taxes upon physicians that are unfair and discriminatory.

The Harrison Narcotic Law—Every physician who dispenses certain narcotics must pay a special tax of $3 toward the support of a bureau charged with the duty of checking up on the doctor's honesty. Actually, the bureau goes much further: It provides a complicated and frequently changing system of reports that require a great deal of the physician's time to render and which are needlessly inquisitorial. The whole government machinery for the administration of this law has become as complex and expensive as the average government bureau becomes when given time and plenty of money. The autocratic attitude of some of the enforcement officers is not calculated to make better citizens of physicians. A bill reducing this tax was introduced in the last Congress by Congressman (doctor) J. J. Kindred of New York. We are informed that similar legislation will be proposed in the Sixty-eighth Congress.

State Taxation—California has for several years had a law which requires all physicians to pay to the Board of Medical Examiners a $2 registration tax. The original law provides that this fund shall be used by the board for its expenses in enforcing the provisions of the Medical Practice Act. This law has always been considered by practically all physicians as unjust and unconstitutionally discriminatory. However, so long as the money was used in safeguarding the public health no concerted action looking to repeal of the law was taken. Now that, under the "efficiency and economy" program of the State Government, these funds are turned in to the State treasury and used, at least in part, for the general purposes of government, it is about time for concerted action. Legal action against the payment of this tax bringing out diversion of the funds from the use provided in the original law would probably meet with public approval and might attain a favorable verdict in court. In any event, the subject may well be considered by the California Medical Association with a view to asking the League for the Conservation of Public Health to promote repeal legislation.

Municipal Taxes—An ever-increasing number of municipalities are placing a special privilege tax against physicians. Usually these are flat rate assessments and some of them are very high. This form of special taxation is almost universally resented, the reasons being that the physicians always have given their time free in the medical care of the poor of the municipality. They object to rendering free service and being taxed at the same time. In any municipality or other government unit the amount of service given freely to wards of the unit is many hundred times the amount of the tax. That the government unit should either pay for the physicians' time given to them or relieve the physicians from special license taxes will be endorsed by all right-minded people.

It is irritating, unjust proceedings of this character that may some day force physicians into strong organizations.

TREATMENT BY NEGLECT

Theodore Diller, Pittsburgh (Journal A. M. A., December 22, 1923), is of the opinion that there are patients who are examined far too much. The self-centered psychoneurotic delights in examinations, re-examinations and more examinations. And in these days of many clinical procedures and manifold laboratory tests there is great risk of over-examining certain of these psychoneurotics. There is a judicious neglect which the physician makes in his visits. It is extremely important and necessary that enough time be given to hear the patient's story; but it is a mistake to spend time in hearing undue repetitions of this story. While the first visit may be of an hour's duration, the next one may be half an hour; and other visits of a minute and a half may be most appropriate. There are times when the patient is much better visited once a week or once in two weeks rather than every other day. There is a type of psychasthenic patient that leans on drugs, on appliances or members of his family, and on his physician. He does the maximum leaning instead of the minimum leaning, and does not look forward to the time when he will not lean at all. The job of the physician is to lead him to lean less and less and, if possible, to walk alone and not lean at all.

Diller's remarks will crystallize one important truth in the hearts and minds of true physicians. The author makes no claim that he is advancing anything "new" and he no doubt realizes that most good physicians are practicing what he preaches. More should do so and some undoubtedly will be recruited to more effective service by the able presentation of the subject.

Thoughtful minds in running around and behind the article will readily see many applications not mentioned in the article, one of the most important being that many communities are doing in a wholesale way just what Diller cautions against, by creating so much machinery of such wide variety for the examination and treatment of the sick that active competitive methods must be utilized to get "business" for them. Almost any "progressive" community is now so well supplied with medical "mills," usually operated by non-medical people, that "grist" must be reground in order that they can all make a showing.

Whatever else the growing system does, it insures plenty of just what Diller's article cautions against.